



**JOINT COMMISSIONING STRATEGY**

**FOR**

**PHYSICAL DISABILITY SERVICES 2009 - 2012**

**3 YEAR ACTION PLAN**

**Foreword:**

This action plan sets out the key priority actions identified in the 3 year strategic planning framework. Of necessity, information on costing and financial impact is high level in the later years of the plan. For the most part, as discussed in the detail of the action plan, much of the action can be delivered within existing resources - it is a case of using these more effectively, and in a more directed way. Many of the actions involve scoping out future service requirements and understanding the likely cost implications of service change (typically referred to as 'business case.' There are costs involved in the preparation of these cases, but these are typically containable within existing financial envelopes. As these business cases are developed, however, the full picture of service change costs will emerge and these proposals will then go through the respective health, housing and social care prioritisation processes to secure the required investment. As the action plan is refreshed and brought to Committee, these costs will be identified and funding streams sought where appropriate.

Health, housing and social care partners are in broad agreement over the financial position moving forward. There will be significant pressures for resources in all service areas, and increased investment will need to be matched with improved efficiency. Personalised budgets (in both health and social care) are a good example. The early research evidence suggests that, the implementation of personalised budgets will have an initial cost, but this will lead to significant downstream efficiencies. The key challenge for commissioners will be to manage the initial investment within the current financial envelopes, against emerging efficiencies from earlier investments.

There are two further issues to note. First, the strategy sets out a challenging set of aspirations for commissioners. by the end of the three year period, there should be robust data and strategic plans supporting clear actions, and implementation of the high priorities (such as personalised care, and service user engagement) should be well underway. This may create a need for additional investment in system capacity - not necessarily for additional commissioner resource, but perhaps across key partnerships such as the voluntary and community sector.

Second, both the PCT and the City Council will - across the board - be implementing improvements in services and support which will directly impact on service users with physical disabilities. These may be driven by factors outside this strategy, but which will impact on the outcomes of the strategy. For example, the PCT is engaging in significant investment across the spectrum of long term conditions, including strengthening arrangements for self-managed care. This programme of change will support service users with physical disabilities.

**1 ACTION PLAN FOR COMMISSIONING STRATEGY - GENERAL**

- ▶ To ensure that the PCT and the local authority jointly plan for the needs of people with physical disability in the city
- ▶ Closer alignment of performance reporting, financial reporting, budget planning and commissioning

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			
1.1 <b>Undertake a comprehensive joint strategic needs assessment which will outline projections of demand for the long term needs of people with physical disability</b>	1.Incorporate JSNA into 3 year rolling programme of JSNAs for the city	Review JSNA and revise 2nd year action plan accordingly	Agree workplan and timescale for 12/13 JSNA	Lead: Alistair Hill (Public Health/PCT)	Existing resource	Robust board-approved JSNA, and updated action plans.
	2.Complete needs assessment for commissioning framework for complex needs support options	n/a	n/a	Lead: Alistair Hill (Public Health/PCT)	Existing resource	Completed needs assessment, highlighting clear priorities for action.
1.2 <b>To manage performance across key service areas</b>	1.Physical disability steering group to monitor KPIs for PD services covering previous PAF targets, LAA, Vital Signs and other local targets	Continue quarterly reporting	Ongoing	Lead: Carl Burns PCT head of Knowledge and Cat Harwood LA Performance team	Existing resource	Vital Signs Reporting (VS 11 Proportion of people with long term conditions supported to be independent and in control of their condition) VSA 14 quality stroke care PAF and LAA self directed support targets
	2. Ensure systematic service user feedback via SLAs and service specifications	Maintain improvements in embedding service user feedback into contracts.	Ongoing	Lead: PCT Contracts team Kate Kedge and Adult Social Care Contracts unit	Existing resource	Clear contract changes and requirements reflecting feedback.

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**2 ACTION PLAN FOR OBJECTIVE 1: INVOLVEMENT AND ENGAGEMENT OF PHYSICALLY DISABLED PEOPLE AND THEIR CARERS IN**

- ▶ More effective commissioning and service development strategies which ensure equity of access
- ▶ High quality, responsive services which reflect and meet individual needs
- ▶ Reduction in health and care inequalities

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2.1

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS LEADS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			
<b>Strengthen service user involvement and ongoing engagement</b>	1. Secure service user and voluntary sector representation on Physical Disability steering group and associated work streams to implement and monitor progress of the strategy	Ongoing	Ongoing	Lead: PCT Community involvement and participation manager	The PCT provides funding to support representation on relevant consultative groups including investment to federation of Disabled people	embedding of inclusive structures
	2. Consult with service users and carers on preferred model for ongoing user engagement and representation and the future model for the Centre for Independent Living	Roll out of agreed model for centre for independent living across the city ensuring that centre is 50% user led	Monitoring of service	Lead: Karin Divall /LA PCT Community involvement and participation manager	Investment in community space available from 2010/11 as part of development of Vernon Gardens funded through DoH grant of £1m	50% service user led model of CIL
	3. Continue engagement with wider public and patients on disability issues - HOSC&LiNKS	Ongoing	Ongoing	Lead: PCT Commissioner Linda Harrington	Existing resource	

**3 ACTION PLAN FOR OBJECTIVE 2: PERSONALISED CARE AND INCREASED SELF DIRECTED SUPPORT**

- ▶ Information services which are responsive to need of people with disability
- ▶ Strengthened prevention and earlier intervention
- ▶ Timely, responsive, accessible and streamlined services ensuring delivery of person centred care
- ▶ Increased number of people purchasing self directed care

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS LEADS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			
3.1  Ensure highly visible, integrated and effective information services	1. Implementation of the Adult Social Care information strategy to support personalisation of service.	1. Develop information hub within centre for independent living Develop information hub at Patching lodge ASC Access Point	Review and refresh of information support to service users	Lead: LA	2009/10 Investment of £159k of DoH Social Care Reform Grant in Access Point. Community space at patching Lodge funded through DoH grant	
	2. Evaluation of information prescription pilots 08/09 and development of information directory 09 ensuring responsive to needs of disabled people	Maintenance and development of information directory	Maintenance and development of information directory	Lead: PCT Jane Bolding	Existing financial envelope	

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3.1  
continued

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<p><b>Ensure highly visible, integrated and effective information services</b></p>	<p>3. Review training and support needs of primary care to ensure disability aware and equipped to deliver information prescriptions, personalisation and LTC agenda (review needs across PC - GPs, pharmacy, optometrists)</p>	<p>Finalisation of review and implementation of outcomes, in partnership with practice-based commissioners.</p>		<p>Lead: PCT Linda Harrington</p>	<p>The review of training and support can be delivered within existing resources. However, the outcome of the review may identify a need for additional resourcing for primary care practitioners to strengthen support for service users. The initial source of funding would be through efficiencies within primary care, but a business case will be developed if additional funding is required. A key PCT commitment is to improve the quality and responsiveness of primary care.</p>	<p>Service user feedback</p>
	<p>4. Development and expansion of PALS information Hubs - ensuring appropriate access and service for people with a disability -</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Lead: Jane Bolding</p>	<p>Within existing PCT resources</p>	

3.1  
continued

<b>Ensure highly visible, integrated and effective information services</b>	5. Explore further integration of information services with 3rd sector projects to strengthen 1 shop shop approach	Ongoing	Ongoing	Lead: Jane Bolding	In theory, this is deliverable within existing resources and reflects a rationalisation of existing services. However, a small amount of additional funding may be identified during the review.	
	6. Improve access to disability information / sign posting services during hospital inpatient stay and at point of discharge (linking with development of information hub)	Ongoing	Ongoing	Lead: PCT Linda Harrington	The funding for this improvement can be provided through the PCT additional funding (uplift) to the hospital services, via the CQUIN vehicle.	LAA - target
	7. Ensure developing information services are linked to proposed Map of Medicine, BICS, care co-ordination centre and Adult Social Care	Ongoing	Ongoing	Lead: PCT Jane Bolding	Within existing resources	co-ordinated information services

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**Strengthened self care and self directed care initiatives**

1. Refresh of PCT self care strategy 09	Implementation of strategic action plan	continued implementation of action plan	Lead: PCT - Dianna Carsons	The refresh of the self-care strategy can be carried out within existing resources, but the evidence shows that the introduction of individual budgets will require an initial investment. The PCT and the BHCC are working on plans for the implementation of these services, and investment will be applied for through the prioritisation process. For both organisations, these are agreed priorities across a wide range of service users.	VSA LTC Proportion of people with LTC supported to be independent and in control of their condition; HPEC 3
1. Increase care delivered via direct payments	Increase number of care packages delivered through direct payments	Continued trend of increase in care delivered through direct payments	Lead: Gemma Lockwood (LA)	Deliver from reprioritisation of Social Care budget supported by DoH Social Care Reform Grant. Expected efficiency savings to fund expected growth in number of direct payments in future years.	



3.2  
continued

<b>Strengthened self care and self directed care initiatives</b>	3. Agree resource allocation system for social care PD budgets	n/a	n/a	Lead: Brigid Day LA	Within 2009/10 budget	
	4. Develop and introduce pilot for LA individualised budgets for younger disabled people	2. Scope and pilot model for joint health and social care budgets	Introduction of health and social care individual budgets	Lead: Karin Divall LA	Increased investment of £156k in 2009/10 and supported through Social Care Reform Grant. Reprioritisation of investment in future years	

3 ACTION PLAN FOR OBJECTIVE 2: PERSONALISED CARE AND INCREASED SELF DIRECTED SUPPORT

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3.3

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			
<b>Improve and streamline access to health and social care services for disabled people</b>	1. Improved access points ensuring services are responsive to the needs of disabled people via introduction of LA access points (08), revised care co-ordination centre (STAN) model to improve professional / community access to urgent care services		Monitor service	Lead: Brigid Day (LA) and Anna McDevitt PCT	LA access points Deliver from reprioritisation of Social Care budget supported by DoH Social Care Reform Grant. The STAN model will be delivered within existing resources - the service is shortly to be competitively tendered and strengthening this service will be delivered through efficiency savings.	Reduced wait times LA 92% of people will have needs met at point of access; HPEC LTC; DTOC
	2. Review with primary care options for streamlining of health appointments to improve access for disabled people and to improve management of long term conditions	Ongoing	Ongoing	Lead: Strategic Commissioner Primary Care	The PCT funds improvements in access via a variety of means into primary care (including enhanced services schemes). It is anticipated that this streamlining can be delivered within existing resources.	Improved access and reduced wait times

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<b>Improve and streamline access to health and social care services for disabled people</b>	3. Audit numbers and access needs of disabled people who are housebound	Ongoing	Ongoing	Lead: strategic commissioner primary care	Within existing resources		
	<b>Strengthen health promotion and well being initiatives</b>	1. Develop business case for designated disability health trainer, and review EPP to delivery responsive programme for those with long term conditions	1. Roll out of centre for independent living providing focal point for healthy / independent living information, advice and support. Delivery of individualised health trainer support and programmes of health promotion / support within disability resources	Monitoring performance of new service	Lead Head of Health Promotion PCT	This can be delivered within existing resources. The PCT is funding significant extensions to health promotion across a range of service users, and is exploring options for streamlining service delivery, which will deliver additional resource.	VSA LTC Proportion of people with LTC supported to be independent and in control of their condition
3.5	<b>Strengthened advice and advocacy services model which will support future self directed care model</b>	1. Review of existing advocacy services and develop future contract for advocacy services	1. Tender for agreed service	Monitoring performance of new service	LEAD: Linda Harrington (PCT) and Gemma Lockwood (LA)	A small amount of additional funding may be required to strengthen advocacy services, but the larger gains will be through the streamlining of the existing services	VSA LTC Proportion of people with LTC supported to be independent and in control of their condition

**4 ACTION PLAN FOR OBJECTIVE 3: PROMOTION OF INDEPENDENCE AND EXTENDED INDEPENDENT LIVING OPPORTUNITIES**

- ▶ Improved access to a broader range of services to support independence
- ▶ Improved management of hospital stays and discharge to ensure greater independence during stay and at point of discharge
- ▶ Improved support to carers of disabled people and disabled people who are carers

**SPECIFIC ACTIONS**

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			

4.1

**Review of management of disability needs during hospital inpatient stay**

1. Introduction of personalised hospital care plans to promote and maintain independence during I/P hospital stay -include review of mobility and wheelchair access during hospital stay	Ongoing	Ongoing	Lead: Linda Harrington	The implementation of personalised care plans is already reflected in local NHS plans. The additional requirements around review of mobility can be added at minimal additional cost.	VSA LTC Proportion of people with LTC supported to be independent and in control of their condition ; HPEC3
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**Improve access to accessible and adapted housing solutions**

1. All new housing proposals assessed to ensure they comply with Lifetime Homes Standard as part of approval process	ongoing	ongoing	Brighton & Hove City Council (Planning)	Planning scrutiny within existing resources. Capital cost borne by developer and assessed as part of financial viability of individual	100% of new homes meet Lifetime homes standard. Action and 10% accessible affordable housing
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<b>Improve access to accessible and adapted housing solutions</b>	2. All new affordable housing proposals assessed to ensure 10% of programme complies with Accessible Homes Standard (PAN03 ie Wheelchair Standard) as part of approval process	Ongoing	Ongoing	Brighton & Hove City Council (Planning) (Housing Strategy)	Planning scrutiny within existing resources  Capital cost borne by developer and assessed as part of financial viability of individual development proposals	10% of new affordable housing meets Accessible Homes Standard (Planning Advice Note 03)
	3. Provision of advice to development partners on mobility standards in new build developments	Ongoing	Ongoing	Brighton & Hove City Council (Planning) (Housing Strategy)	Integrated Adaptations Team  Housing Development Team	Provision of mobility homes that meet needs of PAN03 and our client groups
	4. Improve understanding of access needs of those on the Housing Register	Ongoing	Ongoing	Brighton & Hove City Council (Housing Strategy)	Accessible Housing Officer appointed	All new applicants assessed. Backlog of applicants in Band A and Band B assessed for mobility needs
	5. Development of accessible housing register database	Ongoing	Ongoing	Brighton & Hove City Council (Housing Strategy)	Accessible Housing Officer appointed	All social housing available for letting assessed for accessibility and matched with households mobility needs

<b>Improved access to accessible and adapted housing solutions</b>	6.. Implementation of choice based lettings new lets mobility rating	Ongoing	Ongoing	Brighton & Hove City Council (Housing Strategy)	Accessible Housing Officer appointed	All wheelchair suitable social housing lets ringfenced to those with mobility needs
	7. New Accessible Homes Standard social housing built with bespoke adaptations designed around the mobility needs of the prospective tenant	Ongoing	Ongoing	Brighton & Hove City Council (Housing Strategy)	Integrated Housing Adaptations Team Housing Development Team Accessible Housing Officer	New Accessible Homes Standard social housing built with bespoke adaptations designed around the mobility needs of the prospective tenant
	8. Casework support for social housing tenants in properties unsuitable for adaptation to enable moves to more appropriate adaptable homes	Ongoing	Ongoing	Brighton & Hove City Council (Housing Strategy)	Housing Strategy Caseworker Integrated Housing Adaptations Team	Improved quality of life Better use of housing resources
	9. Improve access to minor adaptations	tbc	tbc	Brighton & Hove City Council (Adult Social Care & Housing)	tbc	Ultimate target of 4 weeks

	10. Acquire temporary accommodation that can be made suitable for those with mobility needs 6 units 09/10	Ongoing - additional units acquired	Ongoing - additional units acquired	Brighton & Hove City Council (Housing Strategy)	Empty Property Grant  Disabled Facilities Grant  Private Sector Renewal Grant	Increased supply of temporary accommodation suitable for those with mobility needs
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TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			
Improved access to primary community support for independent living	1. Develop model for local delivery of enhanced mobility services	Ongoing	Ongoing	Lead: Linda Harrington PCT	The implementation of strengthened community services is reflected in the PCT financial and service plans for the period in question. These services deliver efficiencies through reductions in acute care, which will provide a source of funding for this care pathway improvement.	
	2. Complete VFM review of telecare	Implement actions from review	Implement actions from review	Lead: Alison Sinclair (LA)	2009/10 £50k of Social Care Reform Grant. Business case to fund future actions.	
	3. Roll out of telehealth COPD pilot;	Explore telehealth options within longer term support model for stroke		Lead: Kristiina Parkinson (PCT)		



4.4

<b>Enable more carers (both carer who are disabled and disabled people who are carers) to receive assessments and services</b>	1. Development of joint commissioning strategy for carers ensuring that needs of carers of disabled and disabled people who are carers are addressed	Implement actions from strategy	Implement actions from strategy	Lead: Tamsin Peart Joint Commissioner Carers	DoH Carers grant	Increase number of carer assessments (18% 09/10);improve identification of young carers;

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**5 ACTION PLAN FOR OBJECTIVE 4: IMPROVED SUPPORT TO THOSE WITH HIGHER LEVELS OF HEALTH AND CARE NEEDS**

- ▶ Increased capacity and a broader range of effective support options across the city to which support independent living and provide VFM
- ▶ Improved VFM services for the city
- ▶ Improved co-ordination of care via greater integration of services

**SPECIFIC ACTIONS**

**TASK**

**09/10**

**10/11**

**11/12**

**AGENCIES / ORGANISATIONS**

**FINANCIAL IMPACT**

**OUTCOME MEASURE**

5.1

**Development of extra care housing for younger adults Vernon Gardens (10 independent living flats)**

SPECIFIC ACTIONS				AGENCIES / ORGANISATIONS	FINANCIAL IMPACT	OUTCOME MEASURE
TASK	09/10	10/11	11/12			
Development of extra care housing for younger adults Vernon Gardens (10 independent living flats)	1. Implementation of project plan for Vernon Gdns development	Opening of Vernon Gdns - 10 extra care flats	Monitoring of service	Lead: Karin Divall LA	£1m DoH development grant: reprioritisation of social care grant	Reduction in long term placements reduction in high costs packages of care
	2. Complete comprehensive needs assessment to inform framework for higher dependency care options: including requirement for further extra care scheme/s, short term services and slow stream rehabilitation within the city	Development of business case to support commissioning intentions	Implementation of commissioning plan	Lead: Public Health Consultant and Commissioning Manger	To be determined via business case	Reduction in long term placements reduction in high costs packages of care

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<b>Implementation of Sussex wide neuro-rehabilitation commissioning framework recommendations</b>	1. Management of SRCs interim plan and move of service to PRH	Ongoing	Transition plan	Lead: Linda Harrington PCT	Existing resource - additional investment of £250K/ annum provided to support the transitional move.	Improved throughout and reduced to DTOC
	2. Development of longer term plan for SRC inpatient services in conjunction with wider strategic developments (neuro-science and BGH SOC)	Ongoing	Implementation of longer term plan for SRCs	Lead: Linda Harrington PCT	This significant change programme will form part of the wider strategic financial plans for the development of local health services. The PCT and South Downs Health are currently working on the Strategic Outline Case and will identify appropriate funding streams.	
	3. Develop business case for strengthened earlier supported discharge model - review current CNRT model and capacity	Ongoing	Ongoing	Lead: Linda Harrington PCT	The funding for this strengthened supported discharge model will be sought via the business case process, once the case has been completed and approved.	

Improved co-ordination of care and greater integration of services with strong focus reablement and rehabilitation focus	1. Develop 3yr stroke action plan and implement model for longer term co-ordination of stroke care introducing pilot for personalised care plans	Review model and develop plan for service at end of funding	Introduction of revised model for ongoing LT coordination of stroke care following end of 3yr DOH funding	Lead: Linda Harrington PCT	Includes £94k pa DoH grant for 3yrd 2008-2011: Additional PCT investment for stroke services allocated in the PCT Strategic Commissioning Plan, and to be delivered through the business case process	National Stroke Strategy NSF for LTC LTC HPEC1-5
	2. develop business case for additional 0.5 specialist MS nurse to increase capacity for case co-ordination / management	Ongoing	Ongoing	Lead: Linda Harrington PCT	This is likely to have an implementation cost of circa £30K, which will be funded by the business case approval process.	NSF for LTC
	3. Agree model for management of long term conditions strengthening integrated working practices and streamlining access and reaccess to support	Pilot LTC model	Introduction of personalised care plans	Lead: Wendy Young PCT	The funding for the LTC model is set out in the PCT Strategic Commissioning Plan, and has been reflected in PCT financial plans for the next three years.	
Improved co-ordination of care and greater integration of services with strong focus reablement and rehabilitation focus						

5.3  
continued

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<b>Improved co-ordination of care and greater integration of services with strong focus reablement and rehabilitation focus</b>	4. Review of ABI care pathway to improve local longer term support		Ongoing	Lead: Linda Harrington PCT	Within existing resources	
	5. Develop model for further integrated working to support reablement & rehabilitation service focus exploring options across care pathway from access / assessment to longer term support	Implement model	implement model	Leads: Linda harrington (PCT) and Karin Divall (LA)	2009/10 funded through existing resources Social Care Reform Grant.Reprioitisation of social care investment.	

**6 ACTION PLAN FOR OBJECTIVE 5: INCREASED OPPORTUNITIES FOR LOCAL CITIZENSHIP AND PARTICIPATION**

- ▶ Improve access to mainstream activities and opportunities
- ▶ Increase flexible transport options

TASK	SPECIFIC ACTIONS			AGENCIES / ORGANISATIONS LEADS	FINANCIAL IMPACT	OUTCOME MEASURE
	09/10	10/11	11/12			

6.1	<b>Increased access to employment. Training and leisure opportunities</b>	Review current capacity and access to return to work support services	Develop future role of day care activities & CIL to maximise opportunities for further integration into mainstream activities including employment, training		Lead: Karin Divall (LA)	Within existing day service resources.	Increased number of people and carer in employment HPEC Pledge 5;LAA target
6.2	<b>Review transport links to ensure greater flexibility and maximise opportunity</b>	Review of wheelchair accessible taxis to improve transport access to health, community & leisure activities		Develop mystery shopper programme to review accessible transport links	Lead: Karin Divall (LA)	Additional specific funding will be available to support this strategic objective.	